

than White Americans for a variety of ailments.

One study of 400 U.S. hospitals found that African Americans with heart disease received cheaper and older treatments than White Americans, not the newest technology available. They were less likely to receive coronary bypass operations. If they were lucky enough to receive surgery, they were discharged earlier regardless of post-surgery health conditions.

More than that, African-American women are less likely to receive a mastectomy or radiation therapy if they are diagnosed with breast cancer.

These disturbing facts are just part of the reason we need the Health Equity and Accountability Act. It would invest in solutions to make sure that all Americans had access to quality healthcare. It would help diversify our country's medical workforce to improve the care in marginalized communities. And it would eliminate the gaps in medical insurance coverage, particularly for Medicare and Medicaid recipients.

This is not all we must do. I am working diligently to improve the health disparities in how we treat colorectal cancer and limb amputations in this country. Colorectal cancer is the second-highest cause of cancer deaths and the fourth-highest cause of new cancers nationwide. This year, an estimated 150,000 Americans will be diagnosed with colorectal cancer. More than 52,000 people will die from it.

It is an even greater problem in minority communities. African Americans are 20 percent more likely to be diagnosed with colorectal cancer than White Americans. They are more likely to die from this deadly disease.

Yet, colorectal cancer is one of the most preventable types of cancer if detected early. That is why I am taking action to save lives from this dreaded disease.

In the 116th Congress, my Removing Barriers to Colorectal Cancer Screening Act was signed into law. It allows Medicare to cover procedures to remove cancerous growths, or polyps, during routine colorectal cancer screenings, called colonoscopies.

In addition, I introduced the Colorectal Cancer Payment Fairness Act to provide this new coverage by the end of 2023.

We must introduce more legislation and take more actions to encourage more colorectal and other cancer screenings and save lives.

Another area of health disparity is limb amputations, specifically limb amputations related to peripheral artery disease, or PAD. It is a disease of the arteries that is related to conditions that cause heart attacks. It can cause blockages in the arms and legs that could lead to amputations.

There are more than 200,000 PAD patients who lose limbs to this disease every single year. It is even worse in minority communities, as usual.

African Americans are three times more likely to have a limb amputated

than other Americans. These patients are less likely to receive the proper screenings and treatment for PAD compared to White patients.

Too few doctors who serve minority communities even know about PAD, so they miss the warning signs in patients that could have prevented amputations. But when they understand PAD, doctors can order a vascular screening and target it specifically.

I cofounded the bipartisan Congressional Colorectal Cancer Caucus and also the bipartisan Congressional PAD Caucus to create more awareness of these diseases.

Awareness is key, but we must do more to close the gap in healthcare coverage and treatment. We must give all Americans access to the best medical care. It will save thousands of lives every year in America, and it is simply the right thing to do.

Ms. BROWN of Ohio. Madam Speaker, I thank Mr. PAYNE for those remarks.

Madam Speaker, I yield back the balance of my time.

IMPROVING HEALTH OUTCOMES FOR BLACK COMMUNITIES

The SPEAKER pro tempore. Under the Speaker's announced policy of January 4, 2021, the gentleman from New York (Mr. TORRES) is recognized for the remainder of the hour as the designee of the majority leader.

Mr. TORRES of New York. Madam Speaker, I thank my colleague from Ohio (Ms. BROWN) for allowing me the opportunity to speak.

Madam Speaker, no human need is more important than health. Yet, no need is more neglected by America than Black health.

There are two areas on which I am going to offer brief comments. The first is maternal mortality. Among industrialized nations, the United States has among the highest rates of maternal mortality.

The crisis of maternal health represents American exceptionalism in the worst sense of the word. America is exceptionally cruel to Black mothers, who, far too often, face fatal barriers to accessing maternal care before, during, and after pregnancy. Although representing only 13 percent of the population, Black women account for nearly 40 percent of maternal deaths.

There are racial disparities not only in maternal but also infant mortality. The Black community has a maternal mortality rate and an infant mortality rate that are more than double the mortality rates in the White community.

No healthcare program is more critical to maternal health than Medicaid, which pays 40 percent of births nationwide. Attempts by Republican Governors to prevent Medicaid expansion have a disproportionately destructive impact on Black maternal health.

What is most tragic is that most maternal deaths in America are prevent-

able and can be prevented with public investments like the Build Back Better Act. The Build Back Better Act is so urgently needed because it would bring a long-overdue expansion of Medicaid to every corner of Black America.

The second topic is cancer. In 2022, more than 73,000 Black Americans are expected to die from cancer. When it comes to most cancers, Black Americans have the highest death rate as well as the shortest rate of survival.

In the long run, we must develop a cure for cancer in keeping with President Biden's unity agenda. But in the short run, we must double down on early detection. We must invest in the development and distribution of multi-cancer early detection tests.

Black Americans have a far lower likelihood of receiving early detection cancer screening than White Americans. Early detection can mean the difference between life and death. It can mean early treatment, which can prevent cancer from metastasizing beyond the point of no return.

Early cancer screenings and diagnoses are tragically less common in the Black community than elsewhere in America. Even in cases where the White community has a higher cancer incidence, the Black community will nonetheless have higher cancer mortality because of racial disparities in early cancer detection and diagnosis.

Expanding access to multi-cancer early detection tests would bring us closer to closing the racial gap in early detection and in early diagnosis, and in doing so, it would save lives.

GENERAL LEAVE

Mr. TORRES of New York. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include any extraneous material on the subject of this special order.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New York?

There was no objection.

Mr. TORRES of New York. Madam Speaker, I yield back the balance of my time.

ISSUES OF THE DAY

The SPEAKER pro tempore. Under the Speaker's announced policy of January 4, 2021, the gentleman from Arkansas (Mr. HILL) is recognized for 60 minutes as the designee of the minority leader.

Mr. HILL. Madam Speaker, I am delighted to be able to speak on the House floor today and talk about what we are witnessing, all Americans, as we turn on our televisions and see the horrors in Europe.

For the first time in eight decades, we are witnessing a mass, unprovoked ground and air invasion in continental Europe. Not since World War II have we seen this sort of aggressive, evil action by one European nation against another, let alone such action by a global power and member of the United Nations Security Council.